

Name in Full

Certificate of Death

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Reported by

Address

MARYLAND

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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